

REVOCATION OF POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

I hereby revoke all previous powers of attorney given in the application or patent identified below and in the attached statement under 37 CFR 3.73(b):

U.S. Patent Application No.

09/534,836
10/081,863
11/147,655
11/293,459
11/734,481
11/950,334

U. S. Patent No.

6,950,948
7,099,471
7,360,094
7,389,250

I hereby appoint:

☐

Practitioners associated with the Customer Number:

OR

☐

Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application or patent identified in the attached statement under 37 CFR 3.73(b) to:

☐

The address associated with Customer Number:

OR

☒

Firm or
Individual Name

DEMOXI, INC.

Address

P. O. Box 52686

City

Bellevue

State

Washington

Zip

98015

Country

USA

Telephone

Email

Assignee Name and Address:

DEMOXI, INC.
P. O. Box 52686
Bellevue, WA 98015

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date	9-14-09
Name	Robert W. Monster	Telephone	
Title	(SVP) Patent & Trademark		